

TRAVEL EXPENSE CLAIM

FA-0302 (REV 2/2005) Front CT #7541-0620-9

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PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME (First, Mi, Last) Cal T. Rans			CALTRANS EMPLOYEE ID NUMBER 999999			CONTACT PHONE # NUMBER (916) 123-4567		
POSITION TITLE Transportation Engineer			B.U./M.D. 9			NUMERIC DIST/UNIT (For Check to Be Sent) 59/501		
CLAIMANT'S HOME ADDRESS 111 Broadway			HEADQUARTERS ADDRESS 1820 Alhambra Blvd			M.S. 25		
CITY Sacramento		STATE CA	ZIP CODE 91234-5678		CITY Sacramento		STATE CA	ZIP CODE 91234-5678

(1) MONTH/YEAR June 2005		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE (Box 18)		(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK- FAST	LUNCH	O.T., L.T. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT			
1	continued	LTA Rent for June (6/1/05 - 6/30/05)	1000.00											1000.00
1		Utilities for May 2005	123.66											123.66
1		Barstow				10.00					15 5.10			15.10
2		Barstow				10.00					20 6.80			16.80
3		Barstow				10.00					25 8.50			18.50
(10) SUBTOTALS			1123.66			30.00					60 20.40			1174.06

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
LTA Rent Utilities Option

CLAIM TOTAL \$ **1174.06**

(12) NORMAL WORK HOURS 7:00-4:00	T. CODE	SOURCE		CHG DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FA	AGCY. OBJ.	AMOUNT	FY	MSA CODE
		DIST	UNIT									
(13) WORK SCHEDULE 9/80 Friday B		59	501	59	912076			7	020	\$1,153.66	05	
		59	501	59	912076			7	001	\$20.40	05	
(14) PRIVATE VEHICLE LICENSE# 4IAM123												
(15) MILEAGE RATE CLAIMED 0.34												

I HEREBY CERTIFY that the above line is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(16) CLAIMANT'S SIGNATURE <i>Cal T. Rans</i>		DATE 06/06/2005
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>Boss T. Rans</i>		DATE 06/06/2005
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING \$25.00		DATE

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING